

**BACKGROUND CHECKS
NOTIFICATION OF VERIFICATION
For Licensed Facilities**

Please retain this form for your records.

_____ has made the determination to hire
(Name of Facility)

_____, whose name has the following
(Name of Individual)

entries on their criminal background check _____.

The criminal record information was discussed with the individual and resolved to our satisfaction. We do not believe the individual poses a foreseeable risk to residents, based on the following (or attached information.)

All Facilities are prohibited from employing any individual found on the Child or Adult Abuse Registry.

If you have any questions, please call the Division of Licensing and Protection at (802) 241-0480.

Signature and Title

Date